## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

| For office use only |  |
|---------------------|--|
| Indexed             |  |
| Audited             |  |
| Checked             |  |
| Computer            |  |
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| i                   |  |

| DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE                               | EST:   |
|--|--|
| DHS - Cherokee Mental Health Institute   |  |
| Name of Department or Office<br>1251 West Cedar Loop                           | Cherokee, IA 51012   |
| Mailing Address 712 225 2594   | City, State, Zip Code  |
| Area Code & Telephone No.  |  |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF                                 | ICE:   |
| Katelyn Matheny  |  |
| Name   |  |
| Mailing Address (if different from above) kmathen@dhs.state.ia.us              | City, State, Zip (if different from above)   |
| Email Address  | Area Code & Telephone Number (If different from above)   |
| DONOR OF GIFT OR BEQUEST:  |  |
| Anonymous  |  |
| Mailing Address . City, State, Zip Code  | September 24, 2018 \$20.00  Date of Gift or Bequest Amount/Value*  |
| Area Code & Telephone Number   | *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |
| Email Address (optional)   |  |
| Provide a description of the gift or bequest and purpose thereof:              |  |
| One garbage bag of used adult clothing.  |  |
|  |  |
| Criteria to use this form:   |  |
| Receipt of any gift or bequest that is received by any department of th        | e state or received by the Governor on behalf of the state.  |
| Statement of Affirmation:  |  |
| Katelyn Matheny affirm that the gift or bequest reported ab                    | ove is accurate. I further affirm that the information concerning the donor and  |
| assessment of the fair market value (If applicable) is correct and true to the | ne best of my knowledge.   |
| Catalhallan  | 9/25/18  |
| Signature  | Date   |